PROFESSIONAL GROWTH PLAN AND RECORD

California Commission on Teacher Credentialing

For Information (916) 445-7254 12:30 to 4:30 p.m.

Directions. Before you begin to fill out this form, please read the Plan and Record instructions and the **Professional Growth Manual** and make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete. When you have completed the Professional Growth Requirements and are ready to renew your Child Development Permit, submit this form, the verification of experience form, a credential application form (yellow), and the renewal fee.

(1) Name of Permit Holder_						
_	Last	First	Middle			
(2) Home Address						
	Number	Street	Apt. No.			
	City	State	Zip Code			
(3) Daytime Phone # ()		(4) Social Security #				
Credential/Permit			Expiration Date			
You hold			Expiration Date			
			Expiration Date			
			Expiration Date			
(6) Name Each Professiona	al Growth Advisor who h	as advised you.				
First Advisor		Approximate Dates of Service				
Credential /Permit Held		Credential/Permit #				
Second Advisor		Approximate Dates of Service				
Credential/Permit Held		Credential/Permit #				
Credential/Permit Heid_						
		Approximate Dates of Service				

Professional Growth Plan

(7) GOAL NUMBERS	(8) PROFESSIONAL GROWTH GOALS	(9) DATE APPROVED	(10) ADVISOR'S INITIALS
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				Approval of Planned Activities		<u> </u>	Verification of Completed Activities	
(11) Professional Growth Activities		(12) Goals Imbers	(13) Category (two minimum)	(14) Date Activity Approved	(15) Adviso Initial	or's	(16) Time Spent in Hours	(17)
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USE ADDITIONAL COPIES OF	! = TH	IIS FOI	! RM IF NEC	ESSARY	(18)	То	tal Hours	Spent
(19) Certification of Initial Plan. I certify that, to the best of my knowledge, the planned activities comply with state laws and regulations.		Verification by Permit Ho Under penalty of perjury, I co best of my knowledge, the in this form is accurate.		lolder. certify that to the information on		(21) Verification of Completion. I certify that I have been this permit holder's advisor, and that to the best of my knowledge, the above information is accurate.		
Advisor's Name (Print or Type)	Permit Holde		er's Signature	Advisor's Name (Pri		ame (Print or Type)		
Advisor's Signature		Date of Verification		<u></u>	Advisor's Signature			
						Name of Employing Agency		Employing Agency
							Workday	Telephone Number
							Date	of Verification